

## Safety Belt Observation Data Collection Form

VEHICLE POSITION	1	2	3	4	5	6	7	8	R			
STATE OF LICENSURE	VEHICLE TYPE					DRIVER				PASSENGER		
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Passenger Car					<input type="checkbox"/> Male <input type="checkbox"/> Child <input type="checkbox"/> Not Belted				<input type="checkbox"/> Male <input type="checkbox"/> Child <input type="checkbox"/> Not Belted		
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Van					<input type="checkbox"/> Female <input type="checkbox"/> Teen <input type="checkbox"/> Belted				<input type="checkbox"/> Female <input type="checkbox"/> Teen <input type="checkbox"/> Belted		
<input type="checkbox"/> Out of State	<input type="checkbox"/> SUV					<input type="checkbox"/> N/A <input type="checkbox"/> Adult <input type="checkbox"/> Not Sure				<input type="checkbox"/> N/A <input type="checkbox"/> Adult <input type="checkbox"/> Not Sure		
<input type="checkbox"/> N/A	<input type="checkbox"/> PickUp					<input type="checkbox"/> Elder Adult (>65)				<input type="checkbox"/> Elder Adult		
	<input type="checkbox"/> Commercial Vehicle											

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